

**SENATE—Monday, February 28, 2000**

The Senate met at 12:04 p.m. and was called to order by the President pro tempore [Mr. THURMOND].

**PRAYER**

The Chaplain, Dr. Lloyd John Ogilvie, offered the following prayer:

Lord God, source of righteousness and the One who is always on the side of what is right, we confess that there are times when we assume we know what is right without seeking Your guidance.

Lord, give us the humility to be more concerned about being on Your side than recruiting You to be on our side. Clear our minds so we can think Your thoughts. Help us to wait on You, to listen patiently for Your voice, to seek Your will through concentrated study and reflection. May discussion move us to deeper truth and debate become the blending of various aspects of Your revelation communicated through others. Free us from the assumption that we have an exclusive on the dispatches of Heaven and that those who disagree with us must be against You.

Above all else, we commit this day to seek what is best for our Nation. Give us the greatness of being on Your side and the delight of being there together. In Your righteous name. Amen.

**PLEDGE OF ALLEGIANCE**

The Honorable PAT ROBERTS, a Senator from the State of Kansas, led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

**RESERVATION OF LEADER TIME**

The PRESIDING OFFICER (Mr. ROBERTS). Under the previous order, leadership time is reserved.

**MORNING BUSINESS**

The PRESIDING OFFICER. Under the previous order, there will now be a period for the transaction of morning business not to extend beyond the hour of 2 p.m. with Senators permitted to speak therein for up to 5 minutes each. Under the previous order, the time until 1 p.m. shall be under the control of the Senator from Illinois, Mr. DURBIN, or his designee.

The distinguished Senator from Nevada is recognized.

Mr. REID. I am going to use some time that has been set aside for Senator DURBIN.

**PRESCRIPTION DRUG AFFORDABILITY**

Mr. REID. Mr. President, older Americans pay the highest prescription drug costs in the entire world. Because of the high cost and the lack of coverage, many of our seniors are being forced to make tough choices. In fact, one in eight seniors is forced to choose between buying food and buying medicine. Many seniors simply do not take drugs their doctors prescribe because they cannot afford them. Some seniors do not fill one or more of their prescriptions. Others divide their pills in half. Others, instead of taking half a pill a day, skip days and take them every other day. Some older Americans do not buy their own prescription medicine so they can buy the prescription medicine their spouse needs.

In a country that is blessed with the economy that we have, and some of the best medical researchers in the world, it is disgraceful that lifesaving drugs are not being made accessible to our seniors. Prescription drugs are a necessary component of modern medicine, and our seniors are dependent on them to maintain healthy lives.

It used to be, before Medicare came into being, that 4 out of every 10 seniors who were hospitalized had no health insurance. Now virtually all have health insurance. At the time we started Medicare, it was not necessary that we have a prescription drug benefit. Thirty-five years later, it is absolutely important.

I have in hand a couple of communications I have received from people from Nevada. Let me share with you what Michael Rose said:

I am aware that Medicare reform will be the congressional agenda this year and I would like to share my thoughts with you.

Skipping one paragraph and getting to the meat of this communication:

I cannot afford the 5 medications that I currently take if I have to get care elsewhere. Although I will be on the Medicare rolls as of January 2000, I will still not be able to afford my meds. As a manic-depressive, this means that I cannot afford sanity and I am scared beyond your wildest dreams about what will happen to me when the medications run out because I can't afford them.

Please vote in favor of including prescription drugs in any Medicare reform package that is considered by the Senate.

Mr. President, I repeat what he says: I will not be able to afford sanity. He takes pills to keep himself sane.

I have a communication from Gail Rattigan, who is a registered nurse. She lives in Henderson, NV.

Senator REID: I am a [registered nurse] who recently cared for an 82 year old woman

who tried to commit suicide because she couldn't afford the medications her doctor had told her were necessary to prevent a stroke. It would be much more cost effective for the government to pay for medications that prevent these serious illnesses than expensive hospitalizations. These include but are not limited to blood pressure medications, anti-stroke anticoagulants, and cholesterol medications. The government's current policy of paying for medications only in the hospital is backward. Get into health promotion and disease promotion and save money. Please share this message with your republican colleagues. Thanks for your support. Sincerely, Gail Rattigan.

She is right. We need to move on and do something about giving senior citizens who are on Medicare prescription drug benefits. We need to do that at the earliest possible time.

The PRESIDING OFFICER. The distinguished Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, I ask unanimous consent to speak in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

**PERMANENT NORMAL TRADE RELATIONS FOR CHINA**

Mr. BAUCUS. Mr. President, I would like to respond to comments made over the past week in the press and elsewhere questioning Vice President GORE's support of the superb agreement negotiated by Ambassador Barshefsky with China as part of the WTO accession process. I have spoken with the Vice President. I am totally confident that he fully supports the Administration's position. He believes that the bilateral agreement is an excellent one. He believes that it is vital that the Congress approve permanent normal trade relations status as early as possible this year.

The Vice President sent a letter outlining his position to Jerry Jasinowski, President of the National Association of Manufacturers, on February 18. I ask unanimous consent that this letter be printed in the RECORD.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

FEBRUARY 18, 2000.

Mr. JERRY JASINOWSKI,  
President, National Association of Manufacturers,  
Washington, DC.

DEAR JERRY: As our country turns its attention to the issue of trade, and whether Congress should approve permanent, normalized trade relations with China, I want to share my views.

As I have said publicly and privately, I support the agreement reached by our Administration on the terms under which China will be permitted to accede to the

World Trade Organization. This agreement was negotiated in order to secure economic and security benefits. Specifically, this agreement obtains meaningful benefits for American workers and companies by expanding and opening the Chinese market. Moreover, this agreement will advance our goal of opening up China to the world. I believe that Congress should enact legislation to secure these goals—in the form in which they have been negotiated—this year.

I want you to also understand that I firmly believe in fair and balanced trade agreements. And I agree with President Clinton that future trade negotiations ought to include in the fabric of the agreement both labor and environmental components. Moreover, as I have publicly said to both business and labor audiences, in the future I will insist on the authority to enforce workers' rights and environmental protections in those agreements.

Sincerely,

AL GORE.

In this letter, the Vice President made his position clear: "I believe the Congress should enact legislation to secure these goals—in the form in which they have been negotiated—this year." A simple, unambiguous, clear, and direct statement.

I don't understand what the ruckus is all about, and why this issue took on such undue proportions at the Senate Finance Committee hearing last Wednesday. The Vice President's remarks were clear. Ambassador Barshefsky's explanation of the Vice President's position was equally clear.

As far as I am concerned, this issue is closed. Those of us leading the effort in the Congress to secure passage of PNTR this year know that the Vice President will be fully engaged on this issue, along with the President, Ambassador Barshefsky, Secretary Daley, and other members of the Cabinet. We all need to devote our attention now to prompt passage of PNTR.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. JOHNSON. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### PRESCRIPTION DRUGS AFFORDABILITY

Mr. JOHNSON. Mr. President, I come to the floor today to join my colleagues who have been talking over this past week or so about one of the most critical issues facing America today relative to health care, and that is the lack of affordability and lack of access to prescription drugs for all of our citizens, but particularly for seniors in America.

As I go home across my State of South Dakota, one of the issues I hear the most about in every community I

go to—large and small—is the cost of prescription drugs.

Medicare was created by President Lyndon Johnson as one of the Great Society programs back in the 1960s. At that time, the great unmet health care need for American seniors was the cost of hospitalization. Medicare is not a perfect program, but it has gone a long way toward solving the enormous problem seniors faced at that time—the cost of hospitalization. But no prescription drug benefit was added back then, and medicine has changed radically over the course of the last 35 years. There is a greater reliance on prescription drugs now. Drugs have become increasingly sophisticated. People are living longer. The quality of their lives have been enhanced by the availability—where they can afford it—of prescription drugs. But now the cost of prescription drugs is the highest expenditure and highest financial burden of all on seniors' health care needs next only to the cost of health insurance premiums themselves. Yet while there is a great deal of rhetoric around Washington, there has been too little action up until now on this profound issue.

I wind up talking to a great many seniors in particular on this issue. In my home State of South Dakota where we have a lot of people who are former farmers, ranchers, small business people, and employees of small business who had no deluxe pension plan or health plan to fall back on, for a great many of them Social Security is their lion's share if not their total retirement benefit. Medicare is their key health care benefit.

Thirty-five percent of seniors in America today have no Medigap coverage whatsoever. In South Dakota that rate would be even higher, and people wind up caught in a terrible predicament. It has put a tremendous financial burden on a great many people who very frequently have hundreds of dollars a month in prescription drug costs. But the problem is all the more challenging for the great many South Dakotans I talk to who have no Medigap policy, who cannot afford that, and then who wind up literally choosing between groceries and staying on their prescriptions. What happens then is all too often they either don't fill the prescription or they take half of the pills or they don't take the pill until they become ill again at which time again they show up at the emergency room with an acute illness. Then Medicare picks up the tab. Then the taxpayers pick up that cost at a much higher cost than would have been the instance if they had been able to stay on prescription drugs in the first place.

We wind up with a growing problem, which is the inflationary rate for the cost of prescription drugs. They are going up far higher than the rate of inflation for the rest of the economy. People are on relatively fixed incomes.

They are on Social Security and do not have the means oftentimes to pay for any of these bills at all, or pay for enough of them. All too often what little COLA—cost-of-living adjustment—comes along with Social Security is either consumed entirely by the Medicare premium increase or other cost-of-living increases before they even get to deal with the cost of prescription drugs.

I was in a community in South Dakota not too long ago talking to some seniors at a senior center. This is a phenomenon I had never heard ever before, frankly, where they were telling me—these are some seniors who are a little better off than many of the people I talked to; they have a little more financial means—they were going to Texas and to Arizona to snowbird during the winter, but they are paying for the entire cost of their snowbird expense by going across the line to Mexico and buying their prescription drugs for less than half of what they were paying in the United States. The prescription drugs they are buying in foreign countries for half the price are the same branded FDA-approved drugs that people buy in the U.S.

It is an outrage when you think about American citizens having to go to Canada, having to go to Mexico, and going other places to get their medication cheaper. It seems sometimes that nobody in the industrialized democratic world pays bills anything like our seniors pay or our citizens in general pay for prescription drugs because it isn't only seniors, although clearly seniors who comprise about 12 percent of the United States population consume well over a third of the prescription drugs. That isn't surprising given the fact that as people grow older they run into health care problems that are more intense and that will require the attention of prescription drugs. But there has to be a remedy for this.

I appreciate we are talking now about a Medicare benefit that would include prescription drugs. But, frankly, the bipartisan agreement isn't there yet. I am hopeful it will be during the course of this short legislative year.

There are a lot of people out there who I think are cynical about how much Congress is going to accomplish this year given the fact it is a Presidential year, and all too often time is spent trying to paint differences, drawing lines and drawing the parties apart than coming together in a bipartisan kind of cooperation that I think the American public deserve and what they want to see happen. I think most Americans are not left- or right-wingers, but they want the Government to work fairly efficiently and come together on these key issues.

This is one where I believe we can find some common ground on—not necessarily with huge public expenditures, although if we are going to have a